

Date/Time of Pick-up

Office of the State Fire Marshal



Request Form for Life Safety House

Instructions 1. Please type or print clearly										
	2. Please fill out as compete as possible									
	3. Return to State Fire Marshal's Office with signature									
	Fax: 801-284-6351 or									
mail to: Office of the State Fire Marshal, 5272 S College Dr, Suite 302, Murray, UT 84123-2611										
Department Name Contact Person								Phone number with area code		
Contact i cison							Thone number with area code			
Mailing Address, City, State Zip							Alt phone number			
C -, - , -, -, -, - , - , - , - , - , -							F			
Email							Fax number			
List Three Possible Dates										
Choice #1 Choice #2							Choice #3			
Date m/d/yy Time			CIR	Date Time			Date Time			
Delivery Date	Date III/u/yy	Tillic	Delivery Date	Date	Time	Delivery Date		Date	Time	
Event Start			Event Start			Event Start				
Event End			Event End			Event Start Event End				
Pick Up Date			Pick Up Date			Pick Up				
тек ор Вас			тек ор Вас			т ск ор	Date			
Type of Event Have you invited the following?										
School Program Safety Fair				Safe Kids Coalition Local Health Department						
Fire Dept Even	Law Enforcement Local EMS									
☐ Fire Dept Event ☐ City or Town Fair ☐ County ☐ Coun					Local Risk Watch Other Injury Prevention Groups					
Coalition							,,		F	
Other:										
We are a RiskWatch Safe Community										
Describe your event:										
Location of Event	Address	Address			Phone					
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Delivery Location	, if different	Address	Address				Phone			
<u> </u>										
I agree that while in the above listed organization's possession, all policies for the Life Safety House will be followed. In addition, I										
agree to notify the State Fire Marshal's Office of any damages of the Life Safety House or any of its contents. We will follow all										
applicable laws while using the Life Safety House and hold harmless the State, Department of Public Safety, and the Fire Marshal's										
Office for any negligence as a result of misconduct or improper use by the user.										
Signature (by typing in your name you agree to the above statement) Date										
For State Fire Marshal Use Only										
	rsnai Use Uniy									
Approval Date	to									
Disapproved due	ιο.									
Conf. Sent	ivami	<u> </u>								
Date/Time of Dela	ivery									